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MN020801. Got The Right Stuff? Computerized ASTB Lets You Know In 2 Minutes
By Doris Ryan, Bureau of Medicine and Surgery

WASHINGTON, DC - Since 1942, Navy Medicine's pencil-and-paper Aviation Selection Test Battery has been used to select the most qualified applicants for aviation training. But thanks to the efforts of a Naval Aerospace Medical Research Laboratory research team, the often-revised multiple choice tests are going high-tech.

NAMRL transitioned an online computer version of the ASTB to the Naval Aerospace Medical Institute (NAMI), which oversees the fleet-wide administration of the test.

According to LT Cheryl C. Casey, MSC, the current NAMRL research team leader, the computer version of the ASTB, called Automated Pilot Examination System (APEX), is identical to the old paper and pencil test. APEX will allow recruiters to administer the ASTB through the Internet, and get the results via e-mail in just two minutes.

More than 10,000 young men and women who dream of becoming aviators sit for two and a half-hours and take the six tests that make up the ASTB each year. From the results, those with the "right stuff" are chosen for aviation training.

The test battery includes six tests: math-verbal; mechanical comprehension; spatial apperception; aviation and nautical; biographical inventory; and aviation interest survey. In addition to being paperless and having a rapid turn around for test results, the tests can be easily modified, is more secure, and has improved administrative controls.

APEX was field-tested at five recruiting sites: the U.S. Naval Academy, Annapolis, Md.; Navy Recruiting District (NRD) Boston; NRD San Francisco; NRD Seattle; and Cornell University in Ithaca, N.Y. Those locations are still online. NAMI's goal is to add 150 more recruiting sites within the year. Currently, APEX processes 100 tests per month.

According to CDR Daniel Dolgin, MSC, and LT Rich Arnold, MSC, who manage the ASTB program at NAMI, there has been a 25-percent increase in

candidates taking the ASTB since Sept. 11, 2001. This added interest translates into 800 to 1,000 paper tests each month.

Another advantage of APEX is it improves access to data. Nearly 161,000 records are in the database, and include demographics and test score variables. The database will automatically be updated each time a test is scored.

"We really feel this is the threshold of a new era of personnel selection in the Navy," said Dolgin.

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MN020802. Environmental Team Keeps Guantanamo Bay Residents Healthy
By HMC(SW/FMF) Glenn E. Caldwell, Navy Environmental and Preventative
Medicine Unit No. 2 Norfolk, Va.

GUANTANAMO BAY, Cuba - Any military leader will tell you - diseases and environmental dangers can be as devastating as bullets and bombs to troops deployed to exotic locales. Living conditions where sanitary conditions may be difficult to maintain makes it doubly hard to keep Sailors and Marines healthy.

Which is why Navy Medicine has sent the Preventive Medicine-Mobile Medical Augmentation Readiness Team (PM-MMART) Blue Team East, a specialized 12-member crew from the Navy Environmental and Preventive Medicine Unit No. 2 from Norfolk, Va. and the Disease Vector Ecology and Control Center from Jacksonville, Fla. to Guantanamo Bay.

"We assess the risk of potential environmental health hazards of deployed forces," said LCDR William Haissig, MSC, the Blue Team's Leader. "We also advise the JTF-160 Commander on potential hazards and recommend controls to protect the health of the deployed forces as well as detainees at Camp X-Ray."

According to Haissig, another of the team's responsibilities is vector control. Vectors are insects or animals that carry disease-causing fungus, virus or bacterium. The team conducts vector surveys and identification and establishes pest control policies that minimize the threat of vector-borne diseases. It has also helped the Guantanamo Bay base fire and preventive medicine department with training on detection of biological agents.

The team has also reached across the barbed wire fence into the Republic of Cuba. CDR Byron Hendricks, Joint Task Force 160's preventive medicine officer, and LT Eduardo Gomez, MSC, the team's microbiologist, met with Cuban military officials to discuss public health concerns affecting both the naval base and the Republic of Cuba.

"We exchanged information with medical personnel from the Cuban military," said Gomez. "They were very interested in the health status of the detainee population at Camp X-Ray, specifically malaria, leishmania (a parasitic disease) and other vector-borne infections that could threaten nearby Guantanamo City."

Gomez said the Cuban's fears were put to rest after hearing about the team's aggressive prevention and treatment program.

"They were very impressed and appreciative," he said.

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MN020803. Some HMs Get Special Duty Pay Change
By LT Jon Spiers, Office of the Chief of Naval Personnel

WASHINGTON, DC - The Navy has changed some of its Special Duty Assignment Pay (SDAP) program, affecting 149 Hospital Corpsmen.

SDAP is a special pay designed to compensate an enlisted Sailor who serves in an assignment requiring the performance of extremely demanding duties or duties needing a greater degree of responsibility than most Navy billets.

Among the billets that have been added or increased include Naval Reserve TAR Independent Duty Corpsmen who are assigned to EOD munitions units and destroyer squadrons, who will get \$110 a month, and Hospital Corpsmen Special Operations Technicians, who will get \$165 a month.

SDAP policy guidance can be found in OPNAVINST 1160.6A, NAVADMIN 036/02 or DoD Instruction 1304.27. For more information, contact LTJG Anna Blaszczyk, Code N130D1, at 703-695-3128.

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MN020804. "Dirt People" Keep Fleet Hospital 20 Running
BY JOC Bill Austin, Fleet Hospital 20

GUANTANAMO BAY, Cuba - Behind the successful operation of Fleet Hospital 20, set up to treat the detainees of Camp X-Ray, there's a team that goes unnoticed to many.

They call themselves the "dirt people," the Sailors of FH 20 who keep the hospital well stocked with supplies and medical equipment. Their workspaces are huge steel shipping containers filled with everything a hospital needs to keep in constant operation. These "warehouses" are situated behind the hospital tents on the ground and in the dirt, which, according to the Sailors, is picked up by the winds and blows in their faces like a sand blaster.

"We call ourselves dirt people because we're out here day in and day out in the dirt," said HMC Les Adams who coined the phrase.

"I'm a dirt person too," said a smiling SH3 Nichelle Tyson as she stood in the hot sunlight. "You wouldn't get by without our supplies," she rhymed with a wave of her hand.

On the opposite side of the hospital compound is another group that spends plenty of time in the dirt. Construction Battalion Unit 423, the famous Navy Seabees, based out of Little Creek, Va. deployed with Fleet Hospital 20. They make sure vital functions such as power and much needed air conditioning are running smoothly. The Seabees also handle all structural repairs and transportation for hospital personnel to and from the field.

Seabee BUC Will Clark embraces the Dirt People nickname without hesitation.

"I don't mind at all. Seabees have always been called dirt Sailors," he said.

Recently, the team got a break from the dirt and spent an entire day at the beach where they ate lunch, enjoyed the sun, and topped the evening off with several games of bowling.

"I'm so proud of what these Sailors have accomplished," said Adams with an ear-to-ear grin. "They have all risen up from the dirt (ashes) like a phoenix."

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MN020805. FMF Corpsman Qualified as SAR Swimmer
By Cpl. S. K. D'Alessio, Marine Corps Air Station Beaufort

BEAUFORT, S.C. - HM2 Mike Ford of Marine Corps Air Station Beaufort has taken his career in a new direction and improved his ability to help save lives. He has just become the only corpsman in the entire Fleet Marine forces to be qualified as a sea-air-rescue swimmer.

Ford, like all SAR corpsmen who work in the five-to six-man helicopter crews, was responsible for stabilizing, resuscitating, and assisting his crew to safely transport victims from an emergency situation. But he didn't think that was enough.

"When the Marines went to EMT (emergency medical technician) classes to help corpsmen out, I thought to myself, 'Why can't we go to swim school to

cross-train with the swimmers?" said Ford.

Ford's fellow crewmembers and leaders helped him get into Aviator Rescue Swimmer School in Pensacola, Fla, training that is known for its physical, educational and psychological challenges. On average, only 36 percent of those who start the school finish.

Ford arrived at the school well versed in many of the medical challenges, but faced others he couldn't have prepared for. Although exceptionally fit, at age 32, he was 10 years older than the next oldest student. The remaining students were 18- and 19-year-olds. That didn't deter him. But he soon found that the psychological aspect was the true obstacle.

"I started to question why I was there," said Ford. "But I would remember the guys back in Beaufort. They got me ready for it, took the time to train with me, and most importantly, they were picking up my slack while I was gone."

Ford said he learned a lot about himself from the experience, and about the importance of commitment.

"Some students opted to quit and some couldn't hack it," said Ford. "I knew everybody was counting on me in Beaufort, and there was no way I could quit."

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MN020806. Bethesda Uses High-Tech Tools to Serve Sailors Worldwide

By JO2 Ellen Maurer, National Naval Medical Center Bethesda

BETHESDA, Md. - Inside the high-tech, high-security world of National Naval Medical Center's (NNMC) Bethesda telemedicine control center, healthcare professionals are using modern technology to link with Sailors deployed to distant locations around the world.

The technology used ranges from the traditional fax machine, telephone and Internet e-mail to state-of-the-art real-time video teleconferencing and wireless messaging devices integrated to give non-local patients access to NNMC care.

"Telemedicine allows NNMC to keep up with the evolution of healthcare and the command's mission of supporting Navy force health protection," said Mike Azar, Bethesda's telemedicine department head.

"Before we had this type of technology, a ship's general medical officer had sole responsibility for initial X-ray interpretations. Often, the second opinion didn't come until the end of the deployment," said LT David Felton, NC, service chief for e-Health at NNMC. "Now, using a hybrid of technologies, including a teleradiology program called RADWORKS, which is basically radiology through telemedicine, independent duty corpsmen and medical officers in the fleet can communicate directly with specialists back here at NNMC in real-time, while the X-rays are interpreted simultaneously."

Aboard the deployed ship USS Bataan (LHD 1) serving in support of Operation Enduring Freedom, the ship's medical staff relies heavily on telemedicine's capabilities, using it to instantly connect with experts at NNMC.

Most recently, during a mass-casualty situation involving nine critically wounded Afghani soldiers who were evacuated to the ship, Bataan's corpsmen used RADWORKS and voice communications to work with specialists at NNMC to treat their patients.

"As an independent duty radiographer at sea, it makes me feel better knowing that the radiologist is just a click away," said Bataan's HM2 (SW) Sean Dover.

Since the hospital started using telemedicine in the mid-1990s, Felton says the program has grown to include not just radiology, but also orthopedics, ophthalmology, dermatology, mental health, genetics, and

pathology.

There are 12 areas within the hospital that have video teleconferencing capabilities. Felton said the equipment is costly but, in the long run, the Navy saves money because patient and healthcare specialist travel and consultation costs are reduced while enhancing support and professional development. In fact, the speed with which second-opinion services can be provided to deployed units has already saved the fleet money through medical evacuation cost-avoidance and by minimizing lost workdays.

In the near future, NNMCMC e-Health services will come online with new technologies to link video teleconferencing capabilities to further leverage time for clinicians consulting with the fleet.

While telemedicine is spreading to more and more locations around the fleet, its use is also expanding in places closer to home. Pathologists at Walter Reed Army Medical Center in Washington, DC and NNMCMC use telemedicine to conduct educational seminars over the Internet and by telephone, according to NNMCMC's Laboratory Service Line team leader CDR Robert Heaton, MC.

The telemedicine staff members carry wireless messaging devices, so that they can be in constant contact with the fleet 24 hours a day, seven days a week. These devices allow them to receive and answer pages and e-mails at all times.

Felton said, "We're truly living the motto of Navy Medicine everyday: 'Code Charlie Papa 1 -- We are steaming to assist.'"

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MN020807. Health Science School Celebrates African American History

By LT Rene Pachuta, Naval School of Health Science Bethesda

BETHESDA, Md. - Herman Williams Jr., who helped break America's color barrier by becoming the first African-American fire chief of an major American city, helped Bethesda's Naval School of Health Sciences celebrate African American history last week.

Williams's family has a Navy background - his son, Montel, is a former naval aviator and now a renowned actor and talk show host.

Williams spoke to staff and students about his career with the Baltimore Fire Department, which began in 1954. He was one of Baltimore's first African American fire fighters. Thirty-eight years later, in 1992, he was appointed as the Chief of the Baltimore City Fire Department. Under his leadership, minorities and women were recruited to middle and upper management positions and numerous safety initiatives were undertaken, including a state-of-the-art digital system that consolidated public safety and public services communication. It was one of the first cities in the world to install the system. He also was instrumental in reducing fire-related injuries and fatalities with a giveaway of more than 70,000 smoke detectors to residents.

Williams hopes that his story of overcoming hardships can help others.

"I would be very lucky indeed if the lessons of my life can inspire some other people who are up against big odds," said Williams. "One word to you good young men and women, wherever you are, whatever you do, have faith in yourself, always."

School staff members Shirley Adams sang and Gretchen Gunn performed a reading during the celebrations.

NNMCMC's Fire Department members were the school's special guests at the celebration. Williams visited their firehouse after the program.

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MN020808. Recruit & Trainee Healthcare Symposium Is April 15-18

BALTIMORE, Md. - The Eighth Annual Recruit and Trainee Healthcare

Symposium will be held Apr. 15-18 at the Sheraton Baltimore North, Towson, Md. The theme for the conference is "Medical Challenges of Training a Professional Military". The U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, MD, is hosting the conference; the U.S. Army Medical Command is the sponsor.

Topics cover a wide spectrum of military recruit and trainee healthcare issues. Healthcare professionals from all of the armed services, Public Health Service, and related agencies are invited. CME units will be provided.

Participants are invited to display technical posters that will be judged for content and aesthetics. Technical presentations are being solicited.

Additional information and online registration is at <http://chppm-www.apgea.army.mil/trng/describe.crs/drths02.htm>.

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MN020809. TRICARE Aids in Homeland Security

By Gerry J. Gilmore, American Forces Press Service

WASHINGTON, DC - TRICARE personnel and assets are playing a big part in DoD's preparedness plans in support of other federal, state and local emergency medical response teams in dealing with possible terrorist acts committed on American soil, a senior DoD official said here today.

Ellen P. Embrey, DoD's new deputy assistant secretary of defense for force health protection and readiness, outlined the president's homeland security goals and plans and steps participants of the annual TRICARE conference here can take to support them. She advises the assistant secretary of defense for health affairs on all DoD medical readiness and deployment medicine policies and activities, and national medical disaster support.

"As the direct provider of beneficiary care and a respected military health professional in your local community, you will be asked to participate in local, city, county or statewide disaster and terrorism emergency management contingency planning and exercise activities," she said.

In his fiscal 2003 budget request, she said, President Bush called for \$38 billion to support homeland security efforts contained in four key objectives: support first responders first; defend against bio-terrorism; secure America's borders; and use 21st century technology to secure the homeland.

Embrey told conference attendees the first two objectives are relevant to them and DoD. First responders - local police, firefighters and civilian and military emergency medical professionals - "have the greatest potential to save lives and limit casualties after a terrorist attack," she explained.

On the second objective, current homeland security plans recognize that bio-terrorism defense will require the nation to invest significantly in its healthcare system, "of which you are a critical part," Embrey told attendees.

Almost \$2 billion is being proposed to bolster state and local public healthcare systems, Embrey said, to manage both contagious and non-contagious diseases, to expand healthcare surge capacities, to upgrade public health laboratory capabilities, and to provide training for medical personnel.

Funds are also provided, she added, to support mutual regional medical aid agreements and communications networks linking acute care assets, including military, with local communities' public health organizations.

Embrey said the military stands ready to assist. Its emergency response capabilities include the Army's Chemical/Biological Rapid Response Team,

Technical Escort Units, the Marine Corps' Chemical/Biological Ready Response Force, and the National Guard's Weapons of Mass Destruction Civil Support teams.

The president and Congress, she said, have also taken steps to create national supplies of smallpox vaccine and an antibiotic stockpile to treat potential anthrax victims.

"Our success or our failure as a nation to respond to bio-terrorism will depend in large measure on the quality and effectiveness of our diagnostic tests, vaccines and therapeutic drugs," Embrey noted.

She said military commanders depend on TRICARE healthcare professionals' plans and preparations for possible bio-terrorism attacks - and "don't underestimate their need to rely on you," she told conferees.

"The chemical and biological agent awareness training, personal protective equipment stocks, medical supplies needed to support chemical/biological wartime support operations are (what) your installation commander wants you to have ready in case of a potential attack," she added.

Embrey said TRICARE personnel also could be called to help in local relief efforts.

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MN020810. Healthwatch: How to Avoid Exercise Injury

By Aveline V. Allen, Bureau of Medicine and Surgery

Weightlifting, running, swimming, cycling, stretching - exercise is key to improving and maintaining good health. But even the most ardent exercise buff can get an exercise injury if proper care isn't taken from the start.

Beginners to an exercise program should start by having a medical exam by their healthcare provider. It should include a blood pressure and cholesterol checks, organ function tests, and any other tests your provider feels is important.

Talk with your doctor about which exercises are best for you. Yoga and swimming are good to increase and maintain flexibility. Long walks or running is great for weightloss and to build aerobic capabilities. Exercisers with circulatory problems may find swimming the best exercise for them.

Slow and steady are generally the watchwords for beginners. Injuries may occur if you try to do too much too soon. Monitoring your heart rate is a good way to ensure you're not overdoing the aerobics.

"Use the formula recommended by the American Heart Association, especially if you're on heart medication such as beta blockers," said CDR Gregg Ziemke, MSC, and head of the physical and occupational therapy department, Naval Medical Center San Diego. Ziemke said that the AHA formula is to subtract an exerciser's age from 220, and then multiply it by 60. That number is the recommended heartbeats per minute for beginning exercisers. More experienced exercisers can use a multiply of 80.

"Another good rule of thumb is to be able to carry on a conversation while exercising," said Ziemke. "If you feel you could give a speech, you aren't exercising enough, and if you are gasping at words you probably are doing too much (at least to start with)."

Another tip offered by Ziemke to prevent injuries is to get your muscles ready before you begin vigorous exercise.

"Always do at least a five-minute warm up and slow stretch to get ready to exercise," said Ziemke. He said stretching and warming up gets your heart and muscles ready and joints flexible.

"Cold tight muscles and joints are more prone to injury," said Ziemke. He also recommended stretching after you are warmed up, during or after your work out.

Strength training is also an important part of the exercise routine.

He recommended consulting with a training specialist or physical therapist before setting up a program to ensure you're using weight machines or free weights correctly.

Whatever exercises you are pursuing, Ziemke cautions against dehydration.

"You should always drink plenty of liquids to replace those that are lost during exercise," said Ziemke. "Water is the best choice before, during and after exercise. Other liquids that have electrolyte additives can be beneficial because they replace certain chemicals lost through sweating. But they also usually have a great deal of sucrose or fructose (sugar)."

Choose clothes that are tailored for your specific exercise. In warm weather wear lightweight light-colored clothes, a hat and sunscreen. In cold weather, wear layers such as polypropylene, silk or thin, fine wool. These materials help remove sweat from your body and prevent chafing. Keep feet, hands and head warm and insulated from the cold.

Safety gear is a must. Cyclists should wear a helmet; racquetball players should wear eye protection.

Here are some other tips for preventing exercise injuries:

- Avoid training when you are tired
- Increase your consumption of carbohydrates during periods of heavy training
- Increase in training should be matched with increases in resting
- Treat even seemingly minor injuries very carefully to prevent them from becoming a big problem
- If you experience pain when training, stop immediately
- Avoid training hard if you are stiff from the previous effort
- Use appropriate training surfaces
- Ensure training and competition areas are clear of hazards
- Ensure equipment is appropriate and safe for use
- Train on different surfaces, using the right footwear
- Ensure your hygiene is scrupulous in hot weather
- Monitor daily for signs of fatigue; if in doubt ease off
- Don't exercise if it's too hot or too cold.
- If air quality is poor, don't exercise.

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